

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)							SERIAL NO.	FILING DATE
							APPLICANT(S)	
							097485820	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	/		/				51	
2	/		/				52	
3	/		/				53	
4	/		/				54	
5	/		/				55	
6	/		/				56	
7	/		/				57	
8	/		/				58	
9	/		/				59	
10	/		/				60	
11	/		/				61	
12	/		/				62	
13	/		/				63	
14	/		/				64	
15	/		/				65	
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17	/		/				67	
18							68	
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42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.	2		1				TOTAL IND.	
TOTAL DEP.	14		2				TOTAL DEP.	
TOTAL CLAIMS	16		3				TOTAL CLAIMS	

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